

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 20
OMB NO.: 0938-

State: MONTANA

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e) (3)
of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e) (3) (B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a) (10)
(A) (ii) (IX)
and 1902(1)
of the Act

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

TN No. 92-13

Supersedes

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4/6/92

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TN No. 92-02

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 21
OMB NO.: 0938-

State: MONTANA

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

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|--------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1902(a)
(10)(A)
(ii)(IX)
and 1902(1)(1)
(D) of the Act | <u>/X/</u> | 15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <u>Supplement 1 of ATTACHMENT 2.6-A</u> for a family of the same size. |
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Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

/X/ 7 years of age; or

/ 8 years of age.

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Mo. No. 89(10)19

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sion: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 22
OMB NO.: 0938-

State: MONTANA

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(ii) (X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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No. 87(10)9

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

- X 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. 93-11
Supersedes
TN No. 92-02

Approval Date 4/29/93 Effective Date 01/01/93

State/Territory: Montana

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of -0- months.

1902(a)(10)(F) ☒
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 92-09

Supercedes

TN No. NEW

Approval Date

11/24/92

Effective Date

10/01/91

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AUGUST 1991

ATTACHMENT 2.2-A
Page 24
OMB NO.: 0938-

State: MONTANA

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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AUGUST 1991

ATTACHMENT 2.2-A
Page 25
OMB NO.: 0938-

State: Montana

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act

4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child
is deemed to have applied and been found eligible for
Medicaid on the date of birth and remains eligible
for one year so long as the woman remains eligible
and the child is a member of the woman's household.

42 CFR 435.308

5. ☐ a. Financially eligible individuals who are not
described in section C.3. above and who are
under the age of--
 ☐ 21
 ☐ 20
 ☐ 19
 ☐ 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or
technical training

☒ b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20,
19, or 18 as specified below:

☒ (1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:

☒ (a) In foster homes (and are under the age
of 21).

☒ (b) In private institutions (and are under
the age of 21).

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TN No. 92-02

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AUGUST 1991

ATTACHMENT 2.2-A
Page 25a
OMB NO.: 0938-

State: Montana

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- X (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of 21).
- X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).
- X (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.
- X (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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AUGUST 1991

ATTACHMENT 2.2-A
Page 26
OMB NO.: 0938-

State: MONTANA

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 6. Caretaker relatives.

42 CFR 435.320 /X/ 7. Aged individuals.
and 435.330

42 CFR 435.322 /X/ 8. Blind individuals.
and 435.330

42 CFR 435.324 /X/ 9. Disabled individuals.
and 435.330

42 CFR 435.326 10. Individuals who would be ineligible if they were
not enrolled in an HMO. Categorically needy
individuals are covered under 42 CFR 435.212 and
the same rules apply to medically needy
individuals.

435.340 11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
- b. Were eligible as medically needy in December
1973 as blind or disabled; and
- c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

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State: Montana

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of -0- months.

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